

October 16, 1997

Office of Statewide Health Planning and Development
Health Policy and Planning Division
1600 9th Street, Room 350
Sacramento, California 95814

RE: Report on Heart Attack, 1991-1993
OSHPD Data

Dear Dr. Werdegarr:

Our organization has reviewed in detail the Report on Heart Attack, 1991 - 1993. In review of the inclusion and exclusion criteria detailed in the Technical Guide, Vol. 2., we believe that five cases at VacaValley Hospital (484001) and seven cases from NorthBay Medical Center (481357) were incorrectly included in this study. These cases do not meet the established criteria and are described in brief below.

VacaValley Hospital (484001):

Case #1

This patient was admitted from a convalescent and rehabilitation center, with a Do Not Resuscitate status. Meets exclusion criteria.

Case #2

This patient was admitted from a convalescent and rehabilitation center. Meets exclusion criteria.

Case #3

This patient was admitted to the hospital with chest pain. There was no evidence of myocardial infarction by EKG and cardiac enzyme review. The patient had acute cardiopulmonary arrest, with unsuccessful resuscitation. Inclusion criteria not met.

Case #4

This patient admitted with upper gastrointestinal bleed and a known case of portal hypertension. Patient complained of chest pain, and subsequent EKGs and cardiac enzyme review were negative. The discharge summary states, "Chest pain, possible myocardial infarction," however, this was not supported in the review of EKG's and enzymes report, which were negative. Inclusion criteria not met.

Case #5

Patient with metastatic breast cancer admitted following a seizure. The discharge summary reports acute myocardial infarction, however, the EKG and CPK enzymes were non-diagnostic for an acute myocardial infarction. Inclusion criteria not met.

The following cases are from NorthBay Medical Center (481357):

Case #1

Patient admitted with abdominal pain, confirmed on autopsy to be acute diffuse bowel infarction. During hospitalization, the patient was hypotensive, and the 12-lead EKG demonstrated inferior and left wall myocardial infarction, age indeterminate. The ST segment elevations were concave, suggestive more of localized pericardial irritation. Patient's cardiac enzymes were negative for myocardial necrosis. Autopsy confirms no evidence of myocardial infarction. Cause of death was sepsis due to acute bowel infarction. Inclusion criteria not met.

Case #2

Patient admitted with syncope and end-stage pulmonary emphysema and later experienced a cardiopulmonary arrest. EKGs and cardiac enzymes do not reveal any evidence of myocardial infarction. Inclusion criteria not met.

Case #3

Patient admitted from nursing home. Meets exclusion criteria.

Case #4

Patient admitted with acute exacerbation of COPD. CPK enzymes drawn 2 days later, revealed mild elevation with positive MB fraction. Patient was diagnosed to have a non-Q wave myocardial infarction with poor left ventricular function. The patient had a cardiopulmonary arrest and died. This patient should be excluded as the admitting diagnosis was acute exacerbation of COPD. Inclusion criteria not met.

Case # 5

Patient admitted with severe metabolic acidosis related to liver and renal failure. Patient developed hypotension during dialysis and experienced a cardiopulmonary arrest. Patient had a Do Not Resuscitate status. The Discharge Summary reports probable acute myocardial infarction with cardiogenic shock. EKGs and cardiac enzymes demonstrate no evidence of myocardial infarction. Inclusion criteria not met.

Cases #6

Patient had an acute myocardial infarction 3 months prior to being admitted to NorthBay Medical Center having experienced a sudden cardiac event. Patient had a down time of approximately 11 minutes and suffered serious cerebral anoxic injury. Patient's 12-lead EKG on admission demonstrates acute inferior and left wall myocardial infarction, age indeterminate. The patient's enzymes were negative for myocardial necrosis. The Discharge Summary reported acute myocardial infarction with cardiac arrest however, there was no evidence of myocardial necrosis by enzyme criteria. The patient's EKG may be revealing a previous infarction and/or infarction pattern secondary to severe anoxic cerebral injury. Inclusion criteria not met.

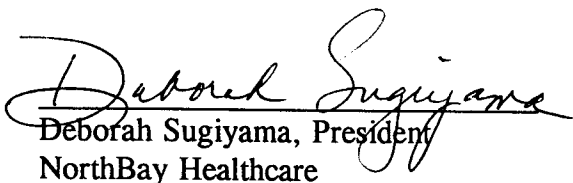
Case #7

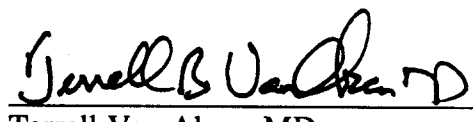
The social security number and birthdate reported in the OSHPD data do not match any patient in our current medical records data. The patient with this identified social security number is still alive. No patients with the identified birthdate expired in 1991 according to medical record review.

We believe the above noted cases should not be included in this study for the stated reasons. When the observed death rate is recalculated, NorthBay Medical Center's observed rate is 12.8% and VacaValley Hospital's rate is 10.2 %. These rates are significantly below the 14.6% statewide death rate.

Our organization is dedicated to continuous quality improvement. We consistently monitor internal and external data and strive to improve the quality of care for our cardiac patients.

Sincerely,


Deborah Sugiyama, President
NorthBay Healthcare


Terrell Van Aken, MD
Chief of Staff
NorthBay Healthcare-Hospital Division